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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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LOCOMOTIVES VS. MALARIA.

Dr. Dellenbaugh (New York Medical Record) calls attention to the assertion of certain observers that regions previously malarious become salubrious when railroads are built through them. The infrequency of malaria in the region of country along the line of the Pennsylvania Central Railroad, notably malarious previous to the building of the road, is cited as a case in point upon the authority of the late Col. Thos. A. Scott.

In the writer's opinion the improvement in health is due to the better drainage and increased cultivation of the farms situated along the line of the railway, and not to the upward and side currents of air induced by the radiating heat of the locomotives and fast moving of the trains, since this last would scarcely affect a space beyond the company's right of way.

Col. Scott attributed much of this salubrious effect to the large amount of coal consumed along the line of the road, the locomotives "emitting carbon in the form of soot, sulphur, sulphurous and sulphuric acid, and various anti-zymotic gases."

There is no doubt that the antiseptic gases escaping from the smokestacks of the locomotives do contribute their mite toward the destruction of disease-germs in the immediate vicinity of railroads, but that this would exert a salubrious effect on any wide strip of country is improbable, to say the least.

If Col. Scott's theory were true, manufacturing towns, where steam is used as a motive, ought to be free from malaria, for here the furnaces are stationary, and pour out great volumes of soot and aseptic gases from morning till night, in many cases continuing their action from night till morning again; but nevertheless these towns, if situated in the malarial zone, suffer equally with the surrounding country. Dr. Dellenbaugh's theory of better drainage incident upon the construction of the roads is a more rational explanation of the phenomenon.

In the absence of statistics on this question we are inclined to doubt even the anti-malarial influence of railroads, while the well-known part which they invariably play during all epidemics of a portable character in disseminating disease, with the army of cripples which always follows in their wake, compels us to look upon the railroad as a not unmixed blessing. That railroads are a necessity to modern civilization, a delight to the tourist, and a God-send to the surgeon may be conceded; but the sanitarian will scarcely admit that they cut any important figure in the solution of the problem of public health.

THE "ZWANK" PESSARY.—The Medical Press and Circular quotes an article from the *Wien. Med. Zeitung*, which states that a widow of forty-eight years had worn a Zwank-Schillinger pessary (a Teutonic gynecological instrument of destruction, "with three stems, one from each wing and a third from the hinge") for five years; and that for the last twelve months of that time it had not been removed. As might have been expected, it had turned in the vagina, caus-

ing deep ulcerations with exuberant granulations, in which the stems of the instrument were imbedded. It was removed with difficulty.

In view of this case, Prof. Rokitansky condemned the instrument as dangerous and totally useless, showing how it might set up para- and perimetritis or perforate the rectum. He said that the causes of these untoward occurrences did not so much lie in the length of time during which the instrument was uninterruptedly worn, as in its form and mode of action. "Notwithstanding its known dangers, it still, however, here and there finds admirers. The right choice of a pessary for a particular case requires, first of all, skill, and frequently also not a little patience — requisites that are not at home with every body."

It has never been our privilege to examine a "Zwank-Schillinger," but we are satisfied that Prof. Rokitansky's remarks will apply with equal force and fitness to some of the antediluvian inventions which too many of our American women wear for the support of their falling wombs.

ET TU, BRUTE!—A few months ago we called the attention of our Canadian exchanges to the fact that some of our most highly-wrought articles were stealing into their columns without acknowledging their paternity. A young weekly giant in Philadelphia has printed some of our neatest epigrams without that tag-end of a credit which, while it might diminish the conciseness of the note, would at least have the merit of naming the genius who begot it.

The Northwestern Lancet in one issue took two abstracts of our valued contributor, Dr. J. B. Marvin, whose initials are well known in these parts, but forgot to give us credit for getting his work before the world. All these oversights were on the part of journals north of Mason and Dixon's line. But the most unkindest cut of all was the quotation of an entire editorial of ours called "Sponge-grafting," over which we had bloody sweat, by the Southern Clinic of March, 1882. A Virginian of all men gives a Kentuckian's glory to that man in Memphis whom last fall we were jointly fighting. *Et tu, Brute!*

MISCELLANY.

THE STATE MEDICAL SOCIETY.—The recent meeting of the Kentucky Society was more successful than was generally expected. It has been pronounced on all hands as an unusually busy and interesting session. Some of the oldest and most devoted members had expressed a fear lest the experiment of taking Louisville as the permanent place of meeting would prove disastrous. The jealousies of rival towns and their medical coteries were recognized as factors likely to endanger the new move. There was expressed in more than one quarter the suspicion that the doctors of Louisville were grasping after the honors of the profession, and members from a distance would find but little consideration in the new era. None of these forebodings has fallen true. It is the universal expression of members out of Louisville that they have received such welcome and respect as they had not looked for, that the Polytechnic Society entertained cordially and brilliantly, and that next year large delegations from the entire State will testify to the favorable impression made last week.

The amount and character of the work done will be easily estimated from our report of the transactions.

The following officers were chosen for the ensuing year:

President—Dr. Ancell Price, Harrodsburg.
Senior Vice-president—Dr. J. R. Baily, Logan County.
Junior Vice-president—Dr. T. D. Williams, Washington County.
Permanent Secretary—Dr. L. S. McMurtry, Louisville.
Assistant Secretary—Dr. S. M. Letcher, Richmond.
Treasurer—Dr. E. Allcorn.
Librarian—Dr. L. C. Wagner.
Board of Censors—Dr. C. H. Todd, Owensboro; Dr. W. M. Fuqua, Hopkinsville; Dr. W. W. Cleaver, Lebanon.

Louisville was selected as the next place of meeting.

To Dr. J. B. Marvin the Polytechnic Society was indebted for the success of their microscopic exhibition. His energy and ex-

perience were applied to such advantage that when the hall was opened upon the evening of the reception even old members of the Microscopical Society were surprised at the extent of his collection and the variety of objects displayed.

Col. Bennett H. Young, President of the Polytechnic Society, delivered the following address of welcome:

Gentlemen of the Kentucky State Medical Society—Our Honored Guests:

We welcome you to the halls of this, the only purely public scientific association within the borders of this Commonwealth, first, because you are citizens of Kentucky. The doors of this institution are always wide open to the people of this State. For their benfit, for their assistance, it has been founded and fostered, and its treasures and its teachings are at their command. But, secondly, as the representatives of the highest and purest type of disinterested scientific spirit the world can produce, the Polytechnic Society delights to do honor to you.

Unlike any other secular pursuit, the science of medicine demands from its followers that the results of all the researches of its members shall be made for the benefit of the world, irrespective of all social or political conditions. No code of morals beyond the domain of religion can exhibit so generous, so noble, so unselfish a precept as that which requires from the medical profession that all discovery in every department by every member tending to the amelioration of human suffering is for the use of mankind.

Other persons who make important developments or improvements for the comfort, pleasure, profit, or convenience of the race, or who may have evolved in either the material or mental sphere some new principle or new application of that which is already known, hasten to place it under the law's protection, and demand governmental recognition of proprietary rights. But in your honored calling, gentlemen, instead of hurrying to the Patent Office to have your claims recorded and ownership fixed by sovereign intervention, the discoverer heralds to the world that which he has learned, and invites mankind to take, hold, and use all the benefit that can arise therefrom.

Human words are inadequate to convey the sense of merit which attaches, or the honor which is due, to men who thus ignore all pecuniary results and find reward and renown enough in spreading wide the knowledge of a truth which brings relief to a suffering humanity. Great indeed is the mission of a profession which has so educated its members and so imbued them with a magnanimous spirit as to make them condemn and disown him of their number who is unwilling to place at the disposal of every human being all that he can learn which will in anywise relieve suffering, increase comfort, or lengthen life.

Again, gentlemen, I assure you of a most cordial welcome and kindly greeting here. This society feels profoundly gratified at your presence tonight. It has laid out its treasures, gathered its members and friends, and bids you see and enjoy all that it has.

Noble as may be the aspirations of the Polytechnic Society to be a thought-center for Kentucky, and while its teachings and advantages are for whosoever will receive them, we recognize the truth that our work is on a lower plane than yours, and yet we aim to bear some humble part in stimulating and developing that thought and research which are so essential in every physician's training and which will be a requisite in achieving the great results the leaders in your profession are always seeking to attain.

Dr. D. S. Reynolds was certainly struck by a very happy thought when, at Covington, last year he invited the Medical Society to make itself at home with these hospitable hosts.

RETIREMENT OF PROFESSOR GROSS—HIS SUCCESSORS.—The vacancy caused by the resignation of Prof. Samuel D. Gross, of the Jefferson Medical College, has been filled by the election of his son, Dr. S. W. Gross, and Dr. J. H. Brinton. Dr. Gross takes the chair of Principles of Surgery and Clinical Surgery, and Dr. Brinton the chair of the Practice of Surgery and Clinical Surgery.

MR. MAICHE has found by experiment that sounds of different characters produced by two separate sources can be sent simultaneously on one wire and received separately. He used at the receiving station two telephones of different resistances, and at the transmitting station caused a musical box to be set going on a microphone of small resistance, while an induction telephone transmitter was spoken into at the same time. The musical sounds were reproduced in the telephone which had the least resistance, and the vocal sounds in the other, so that with the two telephones to the ears the music could be heard by one ear and the speech by the other.—*Amer. Med. Weekly.*

AN UNHEALTHY VILLAGE.—In the village of Tanmanaing the Burmese state that no one can live except those who have been born and brought up there, because of the prevalence of fever, from an attack of which there is never permanent or thorough recovery. The place is much dreaded by the people generally. A former deputy commissioner states that he thinks the disease is caused through the air around the village being poisoned from the continual making of salt that goes on throughout the year; moreover, no pure water is procurable in the village, the fresh-water tanks being injured by the ashes which are wafted into them by the wind from the burning salt-kilns.—*British Med. Journal.*

A CHAMPAGNE-CORK costs twopence, and last year an English wine-house paid £25,000 for corks alone. What was the value of the wine?

INTRODUCTION OF MEDICAL SCIENCE INTO JAPAN.—When the history of the spread of scientific knowledge from one nation to another comes to be written, not the least interesting chapter will be that which tells of the introduction into Japan, about one century ago, of the medical science of the West. The members of a small Dutch factory in the southern port of Nagasaki were the only Europeans allowed on the sacred soil of Japan, when that country was closed, about the year 1630, against the intercourse, the trade, and the religion of Europeans. For nearly a century before that date Catholic missionaries—Jesuits, Franciscans, and Dominicans—had been busily and successfully at work preaching the dogmas of their religion and making many converts; but, unlike their fellow-workers in the neighboring empire of China, they contributed nothing to the scientific knowledge of the people whom they sought to evangelize.

For more than a century after the expulsion of the missionaries and the suppression of Christianity among the natives the handful of Dutchmen in the factory at Nagasaki were fain to pick up what scraps of knowledge they were able concerning the habits, customs, and institutions of the haughty oriental islanders by whose contemptuous toleration they were allowed to reside more like prisoners than free merchants within the narrow limits of their factory, but they were not allowed to impart any instruction in western science to the Japanese with whom they were brought into contact. It was by accident that a Dutch treatise on anatomy with illustrations fell into the hands of a Japanese physician, who was on friendly terms with one of the members of the factory.

The diagrams showing the position of the viscera were so different from what the Chinese medical books taught on the subject, that the curiosity of the physician was aroused, and a strong desire seized him to have the book translated into Japanese. The difficulties in the way of this task were enormous, but with the aid of some brother physicians, who heartily entered into his project and secretly studied for years the Dutch language, the entire work was translated and privately circulated, of course in manuscript. The manifest superiority of the foreign school of anatomy over the Chinese doctrines then in vogue produced a profound impression upon the minds of intelligent Japanese physicians and others who were admitted to a knowledge of the secret. After the lapse of some years books upon other branches of western science were smuggled into the country by the aid of the Dutch factors, and were eagerly translated and furtively disseminated in manuscript. Thus medical science had served as the pioneer for other branches of western knowledge for over two generations before Japan was thrown open to the western world by the commercial treaties of 1858. Since the latter date occidental lore of every kind has been pouring into the country like a flood, but medical science still maintains the pre-eminence which a fortunate accident had given.—*London Practitioner.*

TO PREVENT LEAD PIPES FROM BURSTING BY FREEZING—A gentleman named Powell, of Manchester, proposes to use lead pipe of elliptical section as service-pipe, to prevent their bursting by freezing. Experiments made by Mr. Powell and Mr. C. V. Boys are said to have confirmed the theory, which is that the sectional area of an elipse being less than that of a circle of equal perimeter, the expansion in freezing will tend to change the form of the pipe and make it more nearly cylindrical. Successive freezings may make the pipe round, in which case it is to be squeezed back to its original form.—*Mineral Water Trade Review and Guardian.*

A TELEGRAM from Tabreez, under date of February 14th, informs us that an epidemic disease strongly resembling plague broke out at a small village in the neighborhood of Saujbulagh, on the 8th instant, since which date upward of forty fatal cases have occurred. The present winter in Persia is said to be exceptionally rigorous, the thermometer registering at present 35° F.—*Brit. Med. Journal.*

ON February 10th, at the South Devon Hospital, Plymouth, Mr. Paul Swain performed the operation of gastrostomy on a woman, for malignant stricture of the esophagus. No bad symptoms supervened; and on the following Tuesday Mr. Swain opened the stomach and fed the patient with warm milk and limewater.—*Ibid.*

STIMULATION OF THE FLAP BEFORE AMPUTATION.—Dr. Berger (British Med. Journal) advocates a method of exciting vascularization of the flap before cutting it, by covering the skin either with a mustard plaster or with warm poultices. He claims marked success from this method.

Original.

CONTRIBUTIONS TO THE PATHOLOGY OF THE BRAIN.

BY SAMUEL BRANDEIS, M.D.

The following points are taken from the *Archiv für Klinische Medicin:*

PURULENT MENINGITIS COMPLICATING CROUPOUS PNEUMONIA.

In the *Medical Klinik* of Zurich (Switzerland), within the space of 1860 to 1879, eleven hundred and seventy two cases of croupous pneumonia were treated, of which number fourteen were complicated with meningitis.

From this statement it becomes evident that a frequent appearance of the complications just mentioned was not observed at the period when epidemic episthotonus prevailed. Hence the author deems himself justified in saying that his cases of pneumonia and meningitis to be described were in no way connected with the epidemic episthotonus.

The author furnishes in his essay the history of seventeen cases of croupous pneumonia complicated with meningitis, a majority of which were observed at Professor Huguerin's *klinik* in Zurich; and, with the addition of twelve cases taken from literature, he points out the following interesting facts: Of twenty-nine cases, twenty-three were male and only six female. The most of them ranged in the ages between forty and sixty. Repeatedly the histories prove that subjects were either originally feeble and decrepid persons or such as were worn out by overwork or dissipation. Some of them could be traced back to potation.

In seven cases red and grayish-red hepatizations, in nineteen cases gray and yellow hepatizations were found. Of these, fourteen cases presented a decided state of diffused suppuration. The purulent meningitis was localized in four cases in the convexity of the brain alone, in sixteen cases in the convexity and base combined, four times in the base and medulla.

The degree of meningitis appeared in great diversity from scarcely noticeable infiltrations to large and extensive purulent exudations. It is almost impossible to establish a uniform symptomatology, as no two cases coincide altogether in their symptoms. In most of the cases the pneumonic fever offers a more or less decided fall, either momentary or for three to four days, and, with the appearance of the meningitic symptoms will rapidly rise to a high meningitic fever (nine cases), or the pneumonic fever will continually rise to a high meningitic fever with rapid elevation (five cases). In a few cases it occurred that the pneumonic fever was not perceptibly influenced by the intercurrent meningitis, or it ran into a low meningitic fever, which then toward the termination suddenly rose (two cases). A decided initiatory rigor was never observed; only in one case a slight chill accompanied the invasion of meningitis. Retardation of pulse is very rare; acceleration of the pulse is almost the rule.

In two cases the author observed a very peculiar character of the pulse, to which he ascribed a special diagnostic importance as to the complications with meningitis; viz. the frequency of the pulse rose with the beginning meningitis; at the same time the pulse, which up to that point was weak, soft, and small, became suddenly strong, swelling, and full, which strange symptom persisted to the extinction of life, created so much more astonishment, as it existed with the development of extensive pulmonary edema. Respiration was generally very frequent. Delirium existed in two cases, but is not uniformly a symptom of complicating meningitis. Headache is present in most of the cases. Contraction of the pupils is often observed. The retina is found in a state of venous congestion.

Concerning the causality of the meningitic complication with pneumonia, the author agrees with the theory advanced by Huguerin, that it is an embolic infection with consecutive suppurative inflammation, with material coming from the diseased lungs carried up with the arterial current.

In connection with the above the author gives the very interesting history of a case of cerebral abscess, which we propose to give in abstract:

A farmer, thirty-five years of age, coming from a healthy family, received, twenty-eight years ago, a blow with an ax upon his skull, the tool penetrating into the brain. No disturbance of sensation followed, but hemiplegia of the left arm and leg was the consequence. After thirteen weeks the patient was discharged from the hospital as cured. In the following three years convulsive contractions in both left extremities made their appearance, which recurred every three or four weeks. Intellectual functions were not disturbed. Patient made good progress in

school, and since the cessation of the convulsions, with the exception of slight reduction of power in the left extremities, no disturbance was observed till New Year, 1879. Upon that day, twenty-seven years after the first injury, some slight twitching occurred, so as to cause the patient to present himself at the *klinik* March 18, 1880, offering the following present state: Subject vigorous; no anemia; no sign of syphlis; chest and abdomen normal. *Upon the skull, at the summit of the parietal region, two fingers from the median line, a cicatrix running obliquely from anteriorly and left to the right posteriorly, which is three centimeters long, decapillated, adherent with a distinct impression on the bone;* moderate headache; dizziness while sitting; slight paresis of left leg; patellar reflex present on both sides, distinctly increased on left side; likewise in the tendon of the quadraceps of the left thigh; distinct extensor clonus of the left foot; distinct tendon reflex of extensor proprius pollicis and tibialis anticus near the ankle-joint and tendo-Achilles, the same completely abolished on the right side; cutaneous reflex equal on both sides; sensation of pain lessened upon left side; vision normal; pupils contracted; hearing, smelling, and the gustatory sense not disturbed; speech, deglutition, respiration, and abdominal pressure normal; urine without albumen or sugar; sensorium intellect intact; pulse as low as 56, very irregular, as well in rhythm as size of systole or diastole.

Death followed on the 17th of June without any previous aggravation of symptoms. The autopsy revealed hyperemia and edema of the lungs, tumefaction of spleen, impression and perforation of left parietal, defect of central convolutions on the right; multiple encysted tumor of right hemisphere; hydrocephalus; softening.

The most interesting feature in the case reported is the period of twenty-seven years and ten and one half months between the time of the injury to the date of death. The longest time of latency known in cerebral abscess is twenty-six years. Furthermore does it seem that the highly exerted reflex irritability of the tendons on the hemiparetic extremities is worthy of notice, as this phenomenon has not been observed yet in cerebral abscess.

LOUISVILLE.

IT is claimed that pilocarpin in some cases has a remarkable effect in relieving the terrible pains in locomotor ataxia.

Medical Societies.

KENTUCKY MEDICAL ASSOCIATION.

The Twenty-seventh Annual Meeting of the Kentucky State Medical Association was called to order by its president, Dr. J. W. Holland, at 2:30 P.M. on Wednesday, April 5th, in the rooms of the Polytechnic Society of Kentucky.

The session of the first day was occupied by the report of the Committee of Arrangements and the delivery of the President's Address, which has already appeared in the NEWS.

THURSDAY'S SESSION.

The transaction of the miscellaneous business having been completed, the regular order of business was begun by a Report on the Progress of Surgery by Dr. W. O. Roberts. The author of the report states that the question of antisepsis can not be said to occupy any more definitely-settled position in the minds of medical men than it did immediately after its introduction. In the operations of abdominal surgery Dr. Keith, of Edinburgh, has rejected them entirely, yet in other operations he still places implicit confidence in their utility. It will probably come to pass, as the experience of the profession grows greater, that the drainage-tube, along with the utmost cleanliness, will largely take the place of antiseptics in these operations.

In cases of fallopian pregnancy the placenta, instead of being removed at the time of operation, should await the processes of nature to secure its safe separation or its absorption or, upon the other hand, its encapsulation.

The operations of nephrectomy and nephrotomy, which were rare before the advent of the antiseptic practice, have since become comparatively frequent and altogether very successful.

Peritoneal transfusion has occupied more than ordinary attention, and actual experiment has shown in the case of the lower animals that twenty-four hours suffice by this mode to raise the proportion of hemoglobin from 38.8 to 57.9.

In the treatment of gunshot-wounds of the abdomen the expectant plan of treatment so long followed by almost uniform unfavorable results seems to be in the way of being laid aside at the promised approach of operative interference. Dr. Marion Sims has recently advocated, with his characteristic enthusiasm, that the surgeon should at once open up the abdomen in these cases.

Bigelow's operation of lithoplaxy is coming every where to be accepted as preferable, in all adult cases at least, to lithotomy; and even Sir Henry Thompson has been brought to advocate the plan of but one sitting for the entire work.

Nerve-stretching is still being practiced in obstinate neuralgia and ataxia. In tetanus it seems to equal, if not excel, any other plan of treatment heretofore adopted.

Sponge-grafting, and skin-grafting with grafts taken from the dead subject, received some attention, and the surgical engine called forth some comments from the author, who ceased to read before his paper was exhausted.

Abdominal Section versus Craniotomy was the title of a paper read by Dr. Wm. H. Wathen, of Louisville. Dr. Wathen took the ground that the in-

creased success and skill displayed in abdominal surgery at the present day is such as to justify the timely performance of abdominal section for the removal of the child when the conjugate diameter is less than two and a half inches, and that the operation should be undertaken both in the interest of the child and the mother. Dr. Wathen based his remarks on the statistics of Dr. Harris, of Philadelphia.

Dr. D. W. Yandell said he wished to suggest first of all that there is nothing so deceptive and untrustworthy as a small number of statistics. Statistical medicine is only valuable when the statistics reach certain proportions, and then only when the source is reliable and all the cases are reported. "For instance," said he, "I know a gentleman who has been uniformly successful in ovariotomy. He had a single case. That got well. I know one who is reported to have done twenty-six without a single success. So put the two together, and you have less than four per cent. He bases conclusions on a small number of statistics that do not allow reliable deductions. In collecting the statistics of success in the treatment of acute tetanus some years ago the wonderful success of thirty-nine per cent, which appeared from published reports, dwindled down to nothing. The whole question in America resolves itself into this, that the American cases are the successful cases because the unsuccessful ones are not reported. The European cases are unsuccessful because they are all reported. Therefore I think the doctor a good deal too positive touching his advice to perform the operation, and a little too previous touching the success of such operations. I do not know an unsuccessful case of cesarian section that has been reported in a medical journal in the last five years, and yet there has been case after case of unsuccessful cesarian section done. The question which the doctor raises of timely operations is an important one, but I do not find that operations which are done earlier are attended by any better success. Therefore I would urge upon him to be exceedingly careful and draw it very mild."

Dr. Wathen agreed with Dr. Yandell as to the unreliability of statistics when limited and unauthentic, and stated that the statistics he brought forward had been corrected on the basis which Dr. Yandell had employed in correcting the statistics on tetanus. We find that a certain rate of mortality attends cases even of premature labor, and of course it must be expected that a certain amount of mortality will follow this procedure. The statistics of mortality in premature labor we do not consider as exact, and so with this we have arrived at conclusions about as accurate as we reach in other operations.

In the afternoon Dr. L. P. Yandell read a Report on Dermatology. "It was declared a century ago by John Hunter 'that there are but three classes of skin-diseases, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure.'" Dr. Yandell claims systematic study and investigation to have developed a plan of practice that reduces the cure of skin-diseases to a certainty. Yet, notwithstanding the fact that for ten years he has striven to the best of his ability, he says, to disseminate the literature on the nosology and etiology of this disease, it has been passed unheeded, and he has been misrepresented. "It is frequently asserted that I maintain there are but three sources of disease, malaria, scrofula, and syphilis. Never have I entertained nor expressed such a tripodal opinion. While I am of the opinion that malaria and scrofula are widespread, I likewise hold that syphilis is comparatively circumscribed." The creed which Dr. Yandell offers is, first, that the causes of disease are few, though the manifestations are multiform; second, the chief factors of disease are malaria, scrofula, and the catarrhal poison, the scorbutic poison, the contagious, infectious, mineral and vegetable poisons, insufficient food, light, air, parasites, and traumatism. Most of what are called diseases are but symptoms of disease. Diseases should be considered with reference to their cause rather than with reference to their local manifestations. The only scientifically preventable disease is variola, unless it be perhaps diphtheria. The only curable contagious disease is syphilis, unless erysipelas, diphtheria, and puerperal fever be added. The great majority of people are not placed under circumstances favorable to recovery from disease. "Now, with reference to the third class of skin-diseases, my views very briefly are these: that these skin-diseases are local manifestation of constitutional disease. In this I differ from other dermatologists. When I advocated this view before the Dermatological Association some six or eight years ago, of fifteen gentlemen collected there I was on one side and the other fourteen or fifteen on the other, and, as I believe, wrong. Ichthyosis, the fish-skin surface, is generally considered incurable. It is a hypertrophy of the horny layer of the skin. I have recognized it as a form of scrofula and placed the patient upon the treatment generally employed for consumption and have succeeded in curing more than one case. The same may be said of psoriasis. Urticaria I recognize as of malarial origin. It consists in a spasm of the skin corresponding to a spasm of the lung in asthma and of the arterioles in epilepsy. The bromide of quinia acts best in spasmodic malarial manifestations."

Dr. Todd said that in the community in which he practiced malaria is very rife, and urticaria of frequent occurrence; that he and his associates had found quinia utterly powerless to affect it, and almost to a man they had treated it with Dover's powder and calomel.

Dr. J. M. Matthews made some remarks upon the subject of the treatment of stricture of the rectum. First, as to its cause, Dr. Matthews believes syphilis paramount even to cancer, and that it causes stricture as it causes its other tertiary manifestations, and not by any accidental deposit of chancrous pus upon the mucous membrane. Arising from either cancer or syphilis he thinks it does not much matter, as in either case he regards the affection as almost hopeless of any permanent cure. The indications for treatment are palliative, and for this purpose are recommended generally: 1. Laxatives; 2. Dilatation by bougies; 3. Partial division by the knife; 4. Divulsion; 5. Complete division; 6. Extirpation; 7. Colotomy. Dr. Matthews states the objection to laxatives as self-evident. His objection to bougies consists in the fact that to do any good they must be used too frequently; so frequently in fact as to cause ulceration, thus resulting in more harm than good. He objects to partial division because complete division is just as easy and much more effective. He objects to divulsion on account of the dangerous shock and hemorrhage which sometimes follow. He objects to extirpation because it is very rarely practicable; to colotomy because it is too formidable an operation to be undertaken for mere palliation, and when successful, too disgusting in its results to even be considered. Altogether he favors *complete division*.

In the discussion which followed Dr. von Donhoff took exceptions to Dr. Matthews's objections to extirpation, relating a case in which he was unable to get any syphilitic history, and which he therefore regarded as cancerous. "I informed the patient of what I considered her almost hopeless condition, and afterward placed her under chloroform, intending to remove the strictured portion and bring down the gut and attach it. I changed my mind as to removal, however, and in the presence of four or five gentlemen, scraped the rectum perfectly smooth with a Thomas's serrated spoon. The next day she had some fever, though not much, and for days afterward a little circumscribed tenderness. Meanwhile, after the tampon had been removed, she began having normal stools without the use of cathartics or other agents to produce such results. For the past three weeks she has been again suffering from an inability to have a free passage. An examination a few days since revealed a redevelopment of the same character as existed before. The operation which Dr. Matthews advocates permits but a mechanical dilatation of the rectum from the accumulating fecal material above. Suppose the cut heals by granulation, then there exists a cicatrix which has a constant disposition to contract the gut still more. For these reasons I would prefer either the scraping or the complete removal of the affected portion. How soon the deposits will form depends upon the predisposition to reformation."

Dr. Matthews did not believe the adhesions contracted would permit of the gut being brought down.

Dr. L. P. Yandell recognizes scrofula also as a cause, and states that it has been his fortune in two or three cases, who were previously treated on the supposition that they were of syphilitic character, to bring about a condition of comparative ease, even of comfort, by the use of bougies for dilatation, and the use of the syrup of the hypophosphites, cod-liver oil, etc. Even when the fibrous condition has been reached, Dr. Yandell thinks properly-directed anti-syphilitic treatment will produce absorption.

Dr. Octerlony called attention to the fact that traumatism may be ranked as a cause.

Dr. S. J. Rhodes, of South Carrollton, read a paper on the Use of Iodide of Potassium in Recurrent Attacks of Pneumonia. His illustrative cases were well adapted to prove his ground for considering it useful as a prophylactic during convalescence, and to assist in the absorption of the products left by the inflammation.

Dr. A. M. Vance, of Louisville, made some practical suggestions in the treatment of spinal caries. He also exhibited a child on whom he had operated for knock-knee. Previous to the operation, while the child stood with the knees together, the feet were sixteen inches apart. The femur in each limb was separated at the epiphyseal junction with a small chisel. The limbs and hips were then encased in plaster of Paris, and the bones allowed to reunite in a new and favorable position. The result was all that could be desired, as the child walked on the twenty-fifth day after the operation, and the limbs were practically straight.

Dr. A. W. Johnson, of Danville, read a paper on the carcinomatous metamorphosis.

Dr. D. W. Yandell exhibited specimens of ovarian tumors, eight in number, removed during the last year. He stated that he had opened the abdomen in one other case, but finding, as had been previously diagnosed, that the tumor was malignant, and so excessively adherent to the abdominal walls that it could not be detached at any point, he simply closed the wound, which quickly united, giving rise to no trouble. The youngest patient was twenty years old, the oldest was sixty-eight. Three of the tumors were what Mr. Keith calls "simple things;" that is, without adhesions. In three of them the adhesions were extensive and troublesome. In two the adhesions were something fearful. The two last cases died—one from shock really, for the woman never rallied. The patient was a feeble old maid sent me by Dr. McCormack, of Bowling Green, and was operated on when she was almost in extremis, as giving her the only chance for life. The other fatal case died of septicemia on the fifth day. In this, too, the adhesions were enormous—to liver, mesentery, and all about the pelvis. The operation occupied nearly two hours. Upward of fifty ligatures were used, yet the patient did well until the third day. "I think that toward the close of the operation I grew over-tired and did not proceed as carefully as I might have done; was not as particular as I should have been, and thus perhaps, indeed pretty certainly, had myself contributed to the unfortunate result. The other case has the point of interest. The oldest patient was enormously anasarcous when the tumor was removed. It seemed to me as if all the serum which had accumulated in the areolar tissue escaped right into the abdominal cavity. I could scarcely sponge it out as rapidly as it ran in, and after sponging and sponging till I grew tired I still left the peritoneum wet. The amount which subsequently escaped by the drainage-tube was very great. The old lady did well in spite of it all, however, and on the twelfth day was sitting up. At this time there was a family row in her room due to the presence of a drunken son. The patient became literally mortally terrified, was immediately seized with a profuse and uncontrollable diarrhea, which carried her off that night. Three of the cases were treated antiseptically, and these all recovered. In two of them the temperature rose to 101° the first twenty-four hours. Five were treated without antiseptics. In the three of this class which recovered the temperature never exceeded 100°. Of course in the fatal cases it rose. The pedicle was returned into the abdomen in all. Drainage was used in five of the cases."

Dr. M. F. Coomes read a paper on Color-blindness, at the same time exhibiting an instrument for testing the perception in such cases. The instrument is constructed on the lantern basis, and consists of an eight-sided cylinder, each side of differently-colored glass placed within a cylinder having an opening in the side corresponding in size with one of the glass sides of the inner cylinder. The person to be tested is to be placed at a distance from the apparatus, and as he looks the inner cylinder is made to revolve, bringing the different glasses between a lamp placed inside of the cylinders and the open space in the side of the external brass cylinder.

FRIDAY'S SESSION.

After the transaction of the regular business, Dr. J. A. Larrabee, of Louisville, read a paper on the subject of Cerebro-spinal Meningitis, in which he emphasized the importance of close attention to the signs of pneumonic complication. The writer related several interesting cases in this connection.

Dr. A. H. Kelch, of Louisville, read a paper on Obscure Brain Lesions. Laying aside the anatomical considerations upon which the paper was based,

and the character of the lesions most frequently presenting themselves in this situation, the writer stated that syphilis more frequently than any other constitutional cause lies at the basis of adventitious products in the brain. He maintained that the disturbance of special senses depends entirely upon the seat of morbid products in the brain, and not their character; that the manifestation known as "choked disk," about which there is so much diversity of opinion, occurs as a result of any condition which interferes with the circulation of the blood in the optic artery, from its origin between the nates and testes to its distribution to the disk. "In all the adventitious products or morbid processes, whatever be their character," said he, "which involve the tissues in immediate contact with the optic artery, at any point from its origin to its distribution, and which make pressure upon the walls of the optic vein, hyperplasia of the meninges of the optic nerve, of the thalamus, adventitious products in any part of the thalamus, in the roof of the fourth ventricle, in the olivary or dentate bodies, as well as in many other situations will determine the condition called choked disk, which is simply a serous infiltration or edema of the optic papilla, and as is the case in other infiltrated structures, inflammatory changes soon occur, finally terminating in atrophy. Thus it appears certain that the condition described as 'choked disk' can not reasonably be regarded as symptomatic of any peculiar form of intra-cranial disease."

In the discussion of the subject, Dr. L. P. Yandell called attention to the fact that in cases of syphilitic deposit in the brain, even though it may have caused destruction of tissue, restoration may take place by the redevelopment of the nervous tissue. It is well known that after section of a nerve in obstinate neuralgia it frequently grows together again, and thus reestablishes the original trouble. He also called attention to the fact that when it is the effect of syphilis it is one of the manifestations of tertiary syphilis.

Dr. J. A. Octerlony said: "When neuralgia recurs, as Dr. Yandell states, after a piece of nerve has been removed, it does so not because the nerve has grown together by the formation of new nerve-tissue, but it is in the majority of cases—certainly in those cases where large portions have been removed—by the development of connective tissue, and the recurrence of the neuralgia is due to the fact that there is a redevelopment of the morbid processes in the proximal end of the nerve. I believe myself that nerve-tissue may be reproduced, but that can occur only to a limited extent."

The President, calling Dr. Todd to the chair, took the floor and spoke as follows: "There is great difficulty in deciding the cause of certain obscure brain-lesions growing out of the multiform character of syphilitic lesions. A syphilis of the brain may take the form of a congestion, of an inflammation, of a hyperplasia, of an erosion of an artery producing an aneurism, or it may extend so far as to lead to cerebral hemorrhage. It is difficult to count on the fingers of the hands the number of different kinds of lesions that may be traced back to a syphilitic basis. It is usually safe to assume syphilis as the cause of cerebral disease when the symptoms appear in an adult under forty who is free from Bright's disease, but gives a history of a primary syphilitic sore. We should not forget that a tumor of the brain due to syphilis may be removed by the action of mercury and potash, and yet the consequences of the temporary pressure be maintained. The optic and any other cranial nerves may be paralyzed by a gummy or osseous growth pressing upon it and getting up lesions in it, and the paralyses remain even after the growth is absorbed. Hence the so-called "therapeutic test" may be misleading in determining the etiology of cerebral tumor.

Dr. von Donhoff said: "It has been my fortune to have done quite a number of plastic operations about the face, and this is where the question of paralysis following section of nerves is of paramount importance. That led me to study the subject with special care with reference to the possible reproduction of the nerve after section or injury otherwise. It is now determined that when a nerve is cut it begins to reëstablish a connection by branches growing from the center toward the periphery. There would seem to be some degree of truth in the theory that a motor nerve is more quickly restored than a sensitive, then, from this fact, and it is really susceptible of proof by actual demonstration. I have seen the alæ of the nose respond to its stimulus long before any sensation could be perceived in the skin overlying them."

It being now near the close of the session, Dr. L. P. Yandell, after a few preliminary remarks, moved that a committee be appointed to express the sentiments of the Kentucky State Medical Association concerning the action taken by the eighty doctors representing the profession of New York.

While this committee was preparing its report Dr. Dudley S. Reynolds exhibited several lenses which from exposure had become tinted, the change of color, he explained, being due to improper material used in the process of manufacture, also to a want of care in the cooling process. In order to secure a perfectly transparent glass that will remain so permanently, the incorporation of the ingredients entering into its composition should be accomplished under a very high temperature and the process of fusion and cooling much prolonged. He explained that the only glass fit for spectacles is the crown glass, made with special attention to these points. He showed by some carefully-conducted experiments that the lenses used in the common commercial spectacles are very seldom equal in point of refracting power, and that they are almost never symmetrically ground: in other words, that the index of refraction for the lens is not the same in its different parts. He exhibited an improved form of phakometer for measuring the refracting powers of lenses and detecting imperfections in their grinding.

The Committee upon Ethics then returned, and, through their chairman, Dr. Yandell, reported as follows:

Whereas, Resolutions have recently been adopted by the State Medical Association of another State subversive of the Code of Ethics of the American Medical Association,

Resolved, That the State Medical Society of Kentucky regard the Code of Ethics of the American Medical Association to appear to us the best Code now extant for the government of honorable and scientific medical men, and that we hereby declare our firm and unfaltering adherence to the principles of said Code, and deprecate any change in it until such a change can be devised as shall be clearly shown to be desirable, and an improvement upon that now in force.

Resolved, That our representatives at the approaching meeting of the American Medical Association be and hereby are instructed to give their votes' influence in favor of the Code as it now stands.

Dr. Brandt read a paper on the subject of Tubular Diarrhea. The paper was an interesting production.

Dr. A. M. Cartlege, of the City Hospital, read a paper on Acute Bromism, and related a case which had come under his observation.

In the discussion which followed Dr. L. P. Yandell gave some valuable hints as to the use of the bromides. He maintains that epilepsy, even when due to traumatism, is susceptible of great mitigation and sometimes positive cure, by the continued and judicious use of bromide of potassium.

The hour for adjournment having now arrived, a vote of thanks was tendered the president, secretary, assistant secretary, and the chairman of the Committee of Arrangements for the able and efficient manner in which they had discharged the difficult duties which the meeting had imposed upon them.

A few stirring remarks of a congratulatory character were made by Dr. Yeager, of Campbellsburg, and the Society then adjourned, to meet on the first Wednesday in April, 1883.

EXHIBITORS AT THE STATE SOCIETY.

Scarcely less brilliant, and in some points more important, than the scientific soirée of the Polytechnic Society was the large and elegant exhibition of pharmaceutical preparations, instruments, and books at the State Society. The houses represented were those of Parke, Davis & Co., John Wyeth & Co., Lambert & Co., J. C. Richardson, Tafel Bros., J. A. Flexner, G. T. Craven & Co., Kidder & Laird, Allaird, Woodward & Co., Cook & Sloss, Rosenham & Co., Geo. A. Newman, and Ad. Fischer.

Messrs. Parke, Davis & Co. made a fine display of standard articles, among which their beautiful flexible capsules of all sizes, from the egg of the hummingbird up to that of the guinea fowl, were the objects of general admiration.

John Wyeth & Co. came to the front with compressed tablets in great variety. All the doctors who had done more than justice to the dinners of their city friends found the soda-mint to their taste, and those who secured specimens of the hypodermic-tablets will scarcely in future ever be found without this marvel of convenience in medication.

Listerine circulated freely, receiving from many who had already used it much well-deserved praise.

Celerina, through its past record for good and under the skillful manipulations of its courteous agent, Mr. E. C. Jones, held its place as an object of special attention.

Mr. Flexner's elixirs made a handsome display. We were glad to see the interest manifested in them by the doctors. They will not disappoint expectation.

Tafel Bros. showed instruments of all types—old and standard, new and curious—and demonstrated, we think, fully, their ability to meet all demands made upon them in this department.

Messrs. G. T. Craven & Co., in addition to a variety of standard medical books (Holmes's System of Surgery, for example), exhibited the well-known Harris Electro-medical Battery.

The other firms mentioned contributed each its full quota to the exhibition, and we regret that space forbids our giving their preparations, instruments, etc. more special mention. Certainly no collateral department was better represented than this, and that the physicians fully appreciated it was evidenced by the manner in which they thronged the exhibition-room during the intervals of time between the sessions of the Society.

Books and Pamphlets.

INTERMITTENT SPINAL PARALYSIS OF MALARIAL ORIGIN. By V. P. Gibney, M.D.

A pamphlet of twenty pages made up of the reports of two cases of the disease in question, with abundant reference to the literature of the subject, and comments in the author's usual lucid style. We heartily commend this treatise to those "smart Alexs" of medical literature who are just now trying to make it appear that malaria is a myth.

WOOD'S OPHTHALMIC TEST-TYPE AND COLOR-BLINDNESS TESTS. New York: Wm. Wood & Co. Price, $5.

We have here a combination of types for rough testing of acuity and astigmatism. These are of some value to even the family doctor. The worsteds it contains are considered as the best means for detecting color-blindness. Eight lenses are included in the same box. They are incorrectly numbered. The glasses numbered .5 should be 5.; 3. should be 1. and 1 should be 3, while 5. should be .5. This applies to both sets, positive and negative.

Formulary.

BLACKBERRY EXTRACT IN DIARRHEA.

Dr. B. F. Humphreys (Medical Brief) recommends the following in diarrhea and dysentery:

℞ Ext. rubi fluid..... ℥ iij; 12.00 fl.Gm.;
Syrup. rhei aromat..... ℥ j; 30.00 fl.Gm.;
Ext. hamamelis fluid..... ℥ iij; 12.00 fl.Gm.;
Tinct. opii..... ℥ ij; 8.00 fl.Gm.

M. A teaspoonful every two, three, or four hours. A child should be given five drops for every year of its age. Blackberry is an old and popular remedy in intestinal disorders. The above is an agreeable method of administering it.

SULPHUR BATHS USEFUL IN SCABIES, LEAD COLIC, PARALYSIS FROM LEAD, ETC.

℞ Potass. sulphuratæ..... ℥ iv; 120.00 Gm.;
Aquæ calidæ..... C. xxx; 113.55 liters.

Or,

Potass. sulphuratæ..... ℥ iv; 120.00 Gm.;
Sodæ hyposulphitæ..... ℥ j; 30.00 Gm.;
Acid. sulphurici..... ℥ j; 4.00 fl.Gm.;
Aquæ calidæ..... C. xxx; 113.55 liters.

—*Medical Gazette.*

IRON OR OAK-BARK BATHS ESPECIALLY USEFUL FOR STRUMOUS AND RICKETY CHILDREN.

℞ Ferri sulphat..... ℥ ss; 15.00 Gm.;
Aquæ..... C. iv; 15.14 liters;

Or,

Quercus contusæ..... lb j; 453.59 Gm.;
Aquæ calidæ..... C. ij; 7.56 liters.

Mix. Boil for half an hour and add the strained decoction to three gallons of warm or tepid water. To be used every morning.—*Ibid.*

Selections.

Retinal Hemorrhage and Pregnancy.—H. Macnaughtan Jones, Professor of Obstetrics, Queen's College, Cork, in Medical Press and Circular:

There can be little doubt that retinal hemorrhage would be a most serious complication of pregnancy. We have in the state of the retinal circulation, perhaps, the most ready key to the condition of the vessels generally, both cerebral and renal. The altered state of the blood during pregnancy, more especially when that state passes from the naturally changed condition, and which is inseparably attendant on the pregnant state into another and far more important one—viz. a hydremic, or uremic, or hyper-fibrinosed, and where the small arteries, and capillaries partake of the general consequences which follow frequently on albuminuria, explains at once the reason why we should expect to find in the fine and delicate retinal vessels a frequent indication of danger. This is a danger oftentimes accentuated by the accompanying cardiac deviation in the abnormal force of the ventricular contractions, consequent upon the combined hypertrophic state of the heart, and the irritating effects of the circulating fluid, and the effort to overcome the obstruction in the capillary vessels. Whether we look to the natural consequences of any or all of these morbid blood and vascular accidental attendants in pregnancy, on the resulting effusion or thrombosis, or hemorrhage, at any stage, from the early months until after labor has terminated, we have the pathological solution of the clinical symptoms, blindness, tinnitus, paralysis, convulsions, and the many other clinical phenomena included in the disorders of pregnancy. Some time since, in a notice of Dr. Wecker's admirable Lectures on Ocular Therapeutics, I drew attention to this subject thus:

"Nothing could be more convincing than the cases related by Dr. de Wecker in referring to retinal hemorrhages. It is well known how frequently such hemorrhages are due to secondary heart mischief which has its source in vascular changes due to morbid blood states, as for instance, in Bright's disease. Most important are such ocular disturbances in pregnancy. This is obvious when we remember the effect produced on the blood by this state, and the relative importance which it has to the safety of the patient, both as an indication of head complications and of other hemorrhagic discharges, either before or during labor."

"I was requested, says Dr. Wecker, to examine a young American lady, twenty years of age, who was in her seventh month of pregnancy, and who complained that her sight had been somewhat dim during the last few days. Her husband begged of me to examine her that very evening, although to do this I had to disturb a large dinner party, which neither the condition of her sight nor health prevented her taking part in. I found that there was a very slight haziness of the retina in the neighborhood of the papilla in both eyes, and deferred further examination till the next day. At ten o'clock the following morning, the ophthalmoscope showed on the left, near the papilla, a small extravasation, which certainly could not have escaped my investigation of the previous evening. Meeting a colleague in consultation, I informed him of the fresh hemorrhage in the left eye, and the increased haziness of the papilla, and begged him to allow premature labor to be brought on. I felt convinced that it would not be long before serious brain symptoms would declare themselves, and that in any case this primipara would not arrive at her full time without some accident. One of the most celebrated accoucheurs in Paris was called in in further consultation, but I was unable to convince him of the urgency of this danger. During the night which followed this consultation—that is, four days after the first ophthalmoscopic examination—the patient was seized with convulsions, following each other in rapid succession. In all haste Dr. Campbell was sent for, but he did not feel justified in forcibly delivering a patient who lay unconscious and in a moribund condition. Death occurred the following night."

I am in the habit, in dealing with this subject in my obstetric course, of quoting this most instructive case and another of my own, where a lady desirous of consulting me for a sudden dimness of vision, came to my house, and on finding me out at the time, went away, promising to call the following day. That night she took a warm bath, to relieve her headache, in which she was seized with convulsions, and never rallied, passing into a comatose state. Thus, I think we have ample grounds, physiological, pathological, and clinical, on which we are justified in advising the postponement of marriage in a case of retinal hemorrhage, until at least its cause is ascertained, and so far as practicable removed.

Contributions to the Therapeutics of Diseases of Children.—Kormann has employed the apomorphin hydrochlor. puriss. as an expectorant in the various kinds of bronchial catarrh and catarrhal pneumonia to which children are subject, and finds that patients treated in this way are more rapidly cured than those who do not take apomorphin. The apomorphin was well borne and caused a solution of the solidified lung tissue in the cases of catarrhal pneumonia on one occasion in four, and on another in five days after the administration of the drug. Dr. Kormann gives to children under one year of age one milligram of apomorphin, and from this time up to the second year he increases the dose by half a milligram; after this he gives a milligram more for each year, so that at the age of fifteen a centigram can be ordered. Dr. Kormann has also employed the rubbing in of soft soap in the treatment of the indurated scrofulous glands of children. He orders one inunction of the soap daily, a teaspoonful to be rubbed in over the affected glands in the evening, the part to be washed the next morning. As soon as the skin over the glands becomes tender, a fresh spot is chosen. In the majority of cases the neck is selected first. The cure is rapid, the glands becoming reduced to their normal condition, while the strumous eczema at the same time disappears, together with, in one case, a consolidation at the apex of the lung.—*Deutsch. Med. Wochensch.; Lond. Pract.*

Sore Nipples.—Dr. Favre distinguishes two kind of this lesion—fissures and erosions; and, believing that the latter are much induced by the modern tight-fitting dresses and the pressure of the corset, warns pregnant women against this mode of procedure. As a means of treatment he recommends sprinkling the sores with bismuth, or employing this as an ointment, in the proportion of two drams to half an ounce of vaselin. In some cases twenty-four hours' application of this means has removed all suffering and allowed suckling to be resumed.—*Med. Times and Gazette.*

Vaccino-tuberculosis?—Wm. Donovan writes the following to the Medical Press and Circular, which, in view of vigorous discussion of the vaccination question now going on in this country as well as Europe, will be read with peculiar interest:

I have had a pretty fair experience as a public vaccinator on and off for nearly thirteen years, and I say that vaccination (properly performed) is incapable of conveying either tubercle or syphilis or any other disease save and except vaccinia. This may appear a rash statement, and no doubt would be had I not felt confident of the grounds on which it is made. No doubt many diseases occur after vaccination which are not of vaccination, as they do after most diseases which are capable of "troubling the waters" and bringing the mud to the surface.

I may state that what I mean by proper vaccination method is that a child's arm should not be ploughed up as if it were a grass field being prepared for agricultural purposes. That it should no more be said "Dr. So-and-so made the blood run down to the child's elbow." "He made my child's arm sore by squeezing out the matter." I am quite at one with those who hold that specific diseases have been spread by incapable and careless vaccination—and I am also positive that vaccination pure and simple can no more convey syphilis than smallpox can, than scarlatina can, or than any other contagious disease can; in fact, that a disease in conveying its contagium does not make itself vehicle for conveying another disease also. I do not doubt that if a syphilitic child has vaccination performed on it in an improper manner and the result is an actually inflamed wound, then by taking pus from that wound and inoculating another child with it the result may be highly unpleasant. That vaccination performed as follows is not followed by any disease other than vaccinia I can say from my own personal experience: The number of "scratches" not to exceed three or four for each pus tube, or more properly vesicle, the punctures to be made only deep enough to cause blood to exude in quantity sufficient to fill the scratches. The lymph should be perfectly pure and limpid; when lymph is taken all patients with inflamed areola should be rejected, and only those of pearly appearance used. These should be punctured with a very fine instrument and if the faintest trace of blood or any turbidity appears, don't use it. When old women inoculated smallpox in former times, I do not think there was an instance on record of any disease save and except smallpox resulting therefrom. I may also say that I am informed that syphilis is not unknown among cattle.

Silver-wire Suture in Fracture of the Clavicle.—Dr. Langenbuch, of Berlin, observes (*Deutsche Med. Woch.*) that in spite of the innumerable bandages that have been contrived for treating fracture of the clavicle, so little has been done by them for retaining the reduced broken ends in their normal position that the simplest procedures have been returned to. He now relates a case in which the replaced ends were united by means of a silver wire. A boy, ten years of age, had his clavicle fractured between its middle and external thirds, the case presenting nothing unusual beyond a remarkable mobility of the sternal end, which was dislocated behind and below. The boy having been brought under the influence of anesthetics, Dr. Langenbuch divided the remaining portion of uninjured periosteum, and found a complete transverse fracture. He drew the ends of the fracture together by means of a hook, and having isolated them by means of strips of metal, he bored a hole in them through which he passed a silver wire and secured them in position. Over this a Desault's bandage was applied and the wound was dressed antiseptically. The divided periosteum was secured by a catgut suture, and the wound in the skin by a silk one. No drainage was required. The accident occurred on January 5th and at the date of the report of the case the union had become complete.—*Med. Times and Gazette.*

Scrofula and Tuberculosis.—M. Grancher recently made to the Société Médicale des Hôpitaux of Paris an interesting communication on the above subject. He arrives at the following general conclusions:

1. Tubercle is a fibro-caseous neoplasm, the development of which takes place in successive stages, during a longer or shorter period. This complete evolution may be accomplished in a few months or it may last throughout the whole of life. It may, however, be arrested during the earlier stages, and never get beyond them.

2. Pathological anatomy and experimental pathology are today agreed to include under the term tuberculosis the greater number of affections called scrofulous, as *local* tuberculoses.

3. Lupus, and superficial inflammations of skin and mucous membranes, the last resort of those who persist in regarding scrofula and tuberculosis as distinct, will probably be included in the same order in due process of time.

4. The necessities of practical medicine, which, after all, must first be reckoned with, do not permit all tubercular affections to be confounded together. On this account it is convenient to retain the word "scrofula" for those tubercular affections which are very slight and generally curable.—*Med. Times and Gazette.*

Nerve-stretching in Tabes Dorsalis.—The great discussion on this subject, introduced to the Berlin Medical Society by Prof. Langenbeck, which was continued during three sittings, has just closed. The most able of those most conversant with the subject took part in it, as Drs. Westphal, Bardeleben, Bernhardt, Israel, Remak, etc., and the general tenor of their discourses, as summed up by Prof. Westphal, declared that no case of tabes had ever been actually cured by this means, and that it is doubtful whether any marked symptoms have been relieved for a certain time. At all events, nerve-stretching can not be regarded as a curative procedure for tabes.—*Med. Times and Gazette.*

Fibroid Tumor Complicating Labor.—Dr. Galabin, before the London Obstetrical Society January 11th, showed for Mr. Gillingham a uterus at full term of pregnancy, having a very large soft fibroid tumor growing from its internal surface. The os was found closed and the head above the brim, and it was thought at first that the smooth elastic mass felt through the os was the sac of a second fetus. This was disproved on attempting to scratch through the supposed membranes. A second practitioner called in took the case to be placenta previa. The child was delivered with difficulty by version, and the patient died from shock and hemorrhage shortly after.—*Med. Times and Gazette.*

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MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

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We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

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JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clincal Lecturer on Diseases of Children in the Hospital College of Medicine.

R. OGDEN DOREMUS, M. D., L.L.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

A. A. MEUNIER, M. D., Montreal, Canada, Prof. Victoria University.

H. F. BIGGAR, M. D., Prof. of Surgical and Medical Diseases of Women, Homœopathic Hospital College, Cleveland, Ohio.

DR. DOBELL, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

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CHEKEN. (*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an ***inhalation*** in diphtheria, laryngitis, bronchitis, bronchorrhea, etc.; as an ***injection*** in gonorrhea, leucorrhea, cystitis, etc.; and ***internally*** as an aid to digestion, to allay cough, to facilitate expectoration, and to stimulate the kidneys. It is also an astringent and is said to be of great value in hemoptysis.

Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M.D., M.R.C.P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis,** acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

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The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous center, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

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"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly indorse my opinion of it as above, and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

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